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ABSTRACT

This report presents results of a project to revise the current 120-hour advanced nurse aide course to include all recommended minimum competencies. A three-page description of project objectives, activities, and outcomes is followed by a list of the competencies for the 75-hour nurse aide course for long-term care and for the 120-hour advanced nurse aide course. The revised 130-hour course follows. It contains a course description, outline of methods for delivering the course, and recommendations for course instructor and evaluation. A list is provided of those competencies that the nurse aide should have following completion of this course, in addition to those achieved in the 75-hour course. The course contains four units: introduction to acute care, providing basic nursing care in acute care setting, caring for patients on special units, and emergency situations and cardiopulmonary resuscitation. Components of each unit are unit overview, recommended time requirement, objectives, content outline, and methods of instruction. A resource list is provided. Five skills checklists are also attached: admitting a patient, transferring a patient, discharging a patient, isolation technique, and assisting patient with deep breathing exercises. Each checklist lists necessary equipment and skills to be evaluated. (YLB)

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ED355363

HOSPITAL NURSE AIDE

Project of

Program in Health Occupations Education
College of Education
The University of Iowa

in cooperation with

Iowa Department of Education
Bureau of Technical and Vocational Education

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ACKNOWLEDGEMENTS

The third revision of the nurse aide course (acute-hospital) were accomplished through the efforts of two state-wide committees. The first committee was the Technical Assist Committee (TAC) required by SF449, the second committee was state-wide committee of employers and educators who developed the curriculum from the competencies identified by the TAC. Both committees were essential to the process. Thanks and appreciation for those who took the time and recognized the need for the revisions.

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A special thanks to V. Jane Muhl who provided technical assist for secondary.

IA 91CD05

Activity Number: FCS-91-03-06

Activity Title: Advanced Nurse Aide Curriculum Project

B. Final Report

1. Objectives

1. Use the competencies identified by the TAC committee to review the current 120 hr. advanced nurse aide course and make recommendations for revisions that will include all of the recommended minimum competencies.
2. With the assistance of a statewide committee determine if there are additional competencies that need to be included in the 120 hour course for approval.
3. Revise the current advanced nurse aide course to include all of the competencies identified by the state advisory committee.
4. Once course is completed conduct a state meeting to disseminate curriculum and provide teacher training for delivery of the curricula.

2. Procedures

1. Organize a state advisory committee comprised of employers, association members, educators and state agencies who will educate and hire the completers of the advanced (hospital) nurse aide course.
2. Provide the state advisory committee with the competencies developed by the TAC committee and through several telenet committee meetings assess/refine competencies to develop course for hospital nurse aides.
3. Using the competencies required in the 75 HR. nurse aide course for long term care nursing facilities identify additional competencies required for nospital nurse aide.
4. Revise the current course to include the additional competencies required for hospital nurse aide. (The 75 HR. nurse aide course for long term care would be the core for this course - additional hours would be added to prepare the aide for hospital employment).
5. Conduct a state meeting to disseminate the materials to teach the additional competencies. Include these materials in the current teacher training program for nurse aide instructors.

3. Audience Served

The majority of the nurse aides in Iowa are female, and at this time all of the nurse aide teachers (required experience in long term care) are female. Some minorities, special needs students, and limited English speaking participate in the nurse aide classes.

4. Special Activities

Telenet meetings of the state advisory committee, and a state meeting to review/critique and disseminate the materials were the primary

activities required for this project in addition to the actual revision of the curriculum.

5. Educational Equity

All of the area colleges and high schools who teach this course provide equal access to the program. The competency test can be read for those persons who have reading disabilities, special testing procedures are also used for limited English speaking populations. The curriculum is written on the 6th grade level as much as possible, however, some medical terms must be used so the completer can effectively communicate with others providing care.

6. Evaluation Methods

Throughout the time the writer was making the course revisions, the advisory committee assessed the project either as a group or individually. Prior to final publication the advisory committee reviewed and approved the revisions.

In addition, the instructors of the course will submit summary evaluations from students and provide the Program in Health Occupations with these summaries as well as their own evaluation. These evaluations will be kept on file and used to update the course in the future.

7. Evaluation Findings

The course has been revised. (Attached copies) The state advisory committee feels the course will meet the educational needs of the nurse aide in the hospital. The course will be submitted to the Iowa Hospital Association, Nurse Administrators for final approval at their fall meeting. Minutes of the meeting will be added to this report.

8. Benefits/Impact of Project

Since the core 75 Hr. course has been revised the hospitals and health coordinators have requested this course be revised. With the revisions there:

1. will now be consistency in preparing these aides and the aides can more effectively work in all hospitals or long term care facilities,
2. will be improved care provided by nurse aides, because they can now use the competencies acquired in the course to provide safe care,
3. will help in decreasing some of the cost of health care - since the course completers will need less orientation and can provide services sooner after hire.

Activity Number: FCS-91-03-06

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9. Recommendations

The course evaluations by students and instructors should be kept on file for course revisions in three-four years or as the industry changes and requires an update.

COMPETENCIES FOR 75-120 HOUR NURSE AIDE COURSE

Communicate effectively with residents/patients, health facility staff and resident/patient family/visitors.

*1. Uses correct medical terminology and abbreviations.
*2. Use effectively the telephone and intercom.
*3. Record and report pertinent observations related to resident/patient procedures and conditions.
*4. Reports and records procedures accurately.
*5. Records/reports intake and output.
*6. Listens effectively.
*7. Participates in a discussion.
*8. Follows directions.

Interacts appropriately with resident/patients, health facility staff and resident/patient family/visitors.

1. Uses the philosophy of restorative/rehabilitation when providing care.
*2. Identifies basic emotional needs.
*3. Identifies basic changes in normal growth and development and apply in care situation.
4. Identifies the physical/social/emotional changes that occur in elderly and chronically ill.
5. Differentiates between the care needs of the acutely and chronically ill.
6. Identifies the special needs of residents/patients with disabilities, including physical problems, mental illness, mental retardation, and dementias.
*7. Encourages resident/patients to be as independent as possible.

Uses ethical/legal principles in providing care and fulfilling job responsibilities

1. Describes various types of care facilities.
2. Differentiates between various types of health care facilities and their administrative structure.
3. Identifies the relationship between various governmental and private agencies that provide guidelines for resident/patient care.
4. Identifies roles of various health care personnel within facilities especially the role of the nurse aide.
*5. Demonstrates responsibility concerning resident/patient rights.
*6. Practices confidentiality.
*7. Applies ethical practices.
*8. Follows institutional policies.

Practices safety measures in providing resident/patient care.

*1. Uses correct hand washing techniques.
*2. Follows proper infection control techniques.
3. Uses CDC guidelines (universal precautions) in providing care.
*4. Maintains a safe, clean environment.
*5. Uses correct body mechanics.
*6. Follows emergency procedures for fire and other disasters.
7. Provides emergency care for choking resident/patient.
*8. Positions patient/resident's call light within reach.
*9. Uses correct procedures for safely restraining resident patient.

Uses information on care plan to assist the resident with personal hygiene.

*1. Bathes resident/patient or assist with bathing.
2. Assists resident/patient with tub bath/shower.
*3. Performs perineal care.
*4. Performs or assist with oral hygiene including mouth and denture care.
*5. Performs a patient/resident back rub.
*6. Applies care for a patient/residents nails.
*7. Assists with or shave patient/resident.
*8. Assists resident/patient with dressing/undressing.
*9. Assists resident/patient with hair care.
*10. Assists resident/patient with adaptive devices, including sensory devices.
*11. Assists resident/patient with nutritional needs.
*12. Makes occupied bed.
*13. Makes unoccupied bed.

Perform special procedures for the resident/patient.

*1. Provides for resident/patient privacy.
*2. Positions patient/resident in correct body alignment.
*3. Transports patient/resident, using correct equipment.
*4. Assists patient/resident in standing and ambulating.
*5. Observes and maintains urinary drainage system.
6. Assists resident/patient with bladder/bowel training.
*7. Assists resident/patient with elimination needs.
*8. Measures and records temperature, pulse, respiration and blood pressure.
*9. Uses techniques that help prevent pressure sores.
*10. Performs passive range of motion.
*11. Directs active range of motion.
*12. Measures and records patient/resident height and weight.
*13. Assists with local applications of heat and cold.
*14. Collects urine, feces and sputum specimen as directed.
*15. Prepares and administers an enema.
*16 Identifies the five steps of approaching death or reactions to approaching death.
*17. Explains the procedure for post mortem care.
*18. Identifies ways to ease the impact of loses.
19. Performs noninvasive diabetic urine testing.
*20. Assists licensed nurse with admitting procedures.
*21. Assists licensed nurse with discharge procedure.
*22. Records personal property inventory.
*23. Assists licensed nurse with patient transfer procedures.
24. Assists licensed nurse with pre and post operative care.

25. **Provides care for acutely ill patients.**
26. **Provides care for children and new mothers.**
*27. **Applies anti-embolism elastic stockings.**
*28. **Completes certification in Basic Cardiac Life Support - Module C.**

*Competencies are those that were validated by the TAC for Nurse Aide. Bold type competencies are those that are not included in the approved 75 hour course.

HOSPITAL NURSE AIDE

Course Description: This 130 hour course is designed as an optional additional unit of instruction to be given either in conjunction with or following the approved 75 hour course. The 75 hour course meets the OBRA (Nursing Home Reform) requirements for nurse aides who work in long term care. This additional material provides the learner with the content emphasizing the knowledge, attitude and skills necessary for providing patient care in the acute setting.

Pre-Requisite: Successful completion of the 75 hour Long Term Care Aide Course.

Methods for Delivering the Course: The Hospital Nurse Aide Course requires an additional 25 hours of classroom and laboratory and an additional 30 hours of clinical. The clinical should be in an acute care setting. Following are three optional methods for offering the classroom and clinical.

1. Community colleges offer the total 55 hours and provide college supervised clinical experience.

2. High school programs offer the course with additional support class, laboratory and clinical experiences to meet the requirements of SF449. The Health Occupations Education Program Guides for Secondary provide suggestions for the additional content.

3. Community colleges and hospitals develop a formal agreement whereby the community colleges teach the 25 hour class and laboratory portion and the hospitals assume responsibility for the 30 hour clinical portion. Hospital committee members felt the clinical could become part of the basic orientation provided for nurse aides.

Course Instructor: The course instructor should be a registered nurse.

Course Evaluation: Successful completion of the Hospital Nurse Aide Course includes a minimal passing score on written quizzes, skills checklist, and state final examination. A certificate of successful completion will be awarded.

Competencies Included in the Additional Units

Upon successful completion of the acute care units the nurse aide should have the following competencies in addition to those achieved in the 75 hour course.

Differentiates between the procedures for providing care in acute care and long term care.

*Compares the organization of acute care with long term care.
*Describes how the care needs of the acutely ill differ from those of the chronically ill
*Compare the health professionals role in acute care setting with their role in long term care.
*Identifies legal responsibilities of the nurse aide in acute care, including living wills and durable power of attorney.
Communicates effectively with the patient in acute care, effectively uses the telephone and intercom.
Obtain appropriate patient information from nursing supervisor.

Practices safety measures in providing patient care in acute care setting.

*Investigate the human growth and development need of infants, children and adults.
*Explain the nurse aides role in using the nursing care plan in acute care.
*Uses CDC guidelines (universal precautions) in providing care to patient in isolation.
*Assists patients in acute care to follow dietary orders.
Assists licensed nurse with admission procedures.
Assists licensed nurse with discharge procedure.
Assists licensed nurse with patient transfer procedures.
Assists licensed nurse with pre and post operative care.
Provides care for acutely ill patients.
Provides care for children and new mothers.
Applies anti-embolism elastic stockings.

Completes certification in Basic Cardiac Life Support - Module C.
*Competencies not identified by TAC.

Unit I: Introduction to Acute Care

Overview: During the study of this unit the nurse aide investigates the difference between long term care and acute care; including reasons patients are receiving care, services provided, personnel providing services and how the acute care system functions.

Recommended 2-3 hours

OBJECTIVE	CONTENT	METHOD
1.0 Compare the hospital (acute) care facility with long term care facility.	I. Acute care facilities (hospitals) A. Definition of acute care B. Types of hospitals 1. General a. Primary care b. Secondary care c. Tertiary care 2. Specialty	Lecture/discussion
1.1 List the purposes of acute care hospitals.	C. Purposes 1. Provide care/treatment for ill 2. Prevent diseases 3. Promote health 4. Education 5. Research	
	D. Organization of hospitals 1. Administration 2. Departments within hospitals a. Nursing b. Medical c. Dietary d. Housekeeping e. Radiography (x-ray) f. Laboratory g. Emergency services h. Chaplain services i. Central supply j. Medical record department k. Admissions l. Intensive and/or coronary care	
	3. Service areas in hospitals a. Surgical b. Operating rooms c. Medical units d. Mental health	Tour of hospital

Unit I: Introduction to Acute Care
Page 2
Overview: During the study of this unit the nurse aide investigates the difference between long term care and acute care; including reasons patients are receiving care, services provided, personnel providing services and how the acute care system functions.

OBJECTIVE	CONTENT	METHOD
	e. Pediatrics f. Obstetrics g. Outpatient h. Rehabilitation unit	
1.2 Discuss different methods of organizing nursing care in acute care hospitals.	D. Nursing care organization in acute care hospital 1. Direct assignment. Nurse manager makes all assignments 2. Team nursing - case management a. Nurse manager - resource person b. Staff divided into teams c. A licensed nurse leader of each team d. Groups of patients assigned each team e. Tasks assigned each member 3. Primary nursing - total patient care a. Professional nurse full responsibility for all patients b. Nurse aides provide support for licensed nurse	Lecture/discussion
1.3 Identify new skills you will need to work as a nurse aide in acute care.	E. New skills 1. Care of acutely ill 2. Care of patients in specialty areas a. Pre and post operative areas b. Pediatrics c. Obstetrics 3. Nursing tasks a. Admission/transfer/discharge b. Caring for patients in isolation c. Caring for patients receiving special nutrients d. Making different types of observations e. Using different methods of identifying patients 1) Hospital number 2) Room/bed number 3) Wrist band	

Unit I: Introduction to Acute Care
Page 3
Overview: During the study of this unit the nurse aide investigates the difference between long term care and acute care; including reasons patients are receiving care, services provided, personnel providing services and how the acute care system functions.

OBJECTIVE	CONTENT	METHOD
	4. Physical organization of nursing service units 5. Providing emergency care for patients (BCLS)	
1.4 Communicate effectively in acute care setting.	II. Communications A. Nursing care plan - nursing care conferences 1. Goals of nursing care 2. Nurse aide's role in providing the care 3. Getting info. from shift reports a. Aide's participation 1) Aide to aide 2) Supervisor to aide b. Information aides should collect B. Physician's orders - how to use C. Patient chart and contents D. Assignment sheets E. Intercom and telephone systems F. Relationship with others in institution	Lecture/discussion
1.5 Discuss ethical/legal role of nurse aide in acute care.	III. Ethical/legal responsibilities in acute care A. Patient rights and responsibilities B. Aide's role in living wills - durable power of attorney C. Patient safety D. Observations/reports to nurse manager	Lecture/discussion

Unit 2: Providing Basic Nursing Care in Acute Care Setting

Overview: This unit provides the additional (above what is in approved 75 hour course) knowledge and skills the nurse aide needs to function in acute care setting; including admission, transfer, discharge, isolation techniques and dietary adaptations.

Approx. teaching time 10-12 hours
Includes laboratory

OBJECTIVE	CONTENT	METHOD
2.0 Provide safe nursing care in acute care setting.		
2.1 Explain correct procedure for admitting a patient.	I. Admitting/transferring/discharging A. Admitting 1. Assemble equipment a. Admission checklist b. Specimen for urine collection c. Hospital gown and robe d. Clothing list e. Valuables envelope f. Scale for weight g. Admission packet h. Bedpan, basin, emesis basin, etc. i. Thermometer j. Other items required per speciality area 2. Wash hands 3. Fanfold bed linens down 4. Place hospital gown at foot of bed 5. Place supplies in bedside stand (bedpan, basin, etc.) 6. When patient arrives introduce self/explain what you will be doing 7. Escort patient to room - introduce to roommates 8. Provide privacy during admission procedure 9. Ask/assist patient to change into pajamas 10. Weigh and measure patient - record 11. Assist the patient to get into bed 12. Complete the admission checklist 13. Make patient comfortable 14. Assist the patient to put toilet articles in bedside table 15. If allowed to have fluids get drinking water	Lecture/discussion Skills checklist # 1

Unit 2: Providing Basic Nursing Care in Acute Care Setting
Page 2
Overview: This unit provides the additional (above what is in approved 75 hour course) knowledge and skills the nurse aide needs to function in acute care setting; including admission, transfer, discharge, isolation techniques and dietary adaptations.

OBJECTIVE	CONTENT	METHOD
	16. Orient patient to surroundings 17. Explain hospital policy and procedures - include meal time, etc. 18. Check patient identification 19. Adjust bed according to physician orders 20. Take your completed checklist to your nurse manager or team leader. Report your observations	
2.2 List six rules to follow in taking care of a patient's valuables.	B. Rules to follow: taking care of patient's valuables 1. Itemize the valuables on the admission checklist 2. Ask the patient to place his/her valuables in the envelope 3. Close the envelope while you are with the patient. Make sure he/she sees you do this 4. Have the patient or relative sign the itemized list 5. Give the envelope to your nurse manager or team leader for proper care a. The security officer picks it up and takes it to the hospital safe b. A relative takes it home c. Admission clerk comes to the floor and takes valuables to the safe. The patient gets a receipt 6. Being careful in describing these valuables on the itemized list is very important. Never touch the patient's money. Let the patient count it. Then you record the amount.	Lecture/discussion Example of hospital's valuables list (varies from facility to facility) show various types
2.3 Correctly tranfer a patient. 2.3.1 List three reasons why a patient may transfer from one area to another.	C. Reason a patient may transfer 1. Request for private room 2. Request transfer from a private room to a semi-private room	

Unit 2: Providing Basic Nursing Care in Acute Care Setting
Page 3
Overview: This unit provides the additional (above what is in approved 75 hour course) knowledge and skills the nurse aide needs to function in acute care setting; including admission, transfer, discharge, isolation techniques and dietary adaptations.

OBJECTIVE	CONTENT	METHOD
	3. Move to another unit because of a change in medical condition	
	4. Infection control concerns	
2.3.2 Describe correct procedure for transferring a patient.	D. Transferring a patient	Demonstration/return demonstration
	1. Assemble your equipment	
	2. Wash hands	
	3. Identify the patient by checking the identification bracelet	Skills checklist # 2
	4. Ask visitors to leave room	
	5. Tell the patient you are going to transfer him/her to his/her new room	
	6. Check to be sure the new unit is ready to receive the patient	
	7. Collect the patient's personal belongings and equipment that is to be moved with him/her	
	8. Transport the patient to his/her new unit	
	a. The patient can be moved in his/her own bed from one room to another	
	b. You may have to transport the patient by stretcher or wheelchair to his/her new room	
	9. Follow all safety precautions when wheeling the patient to his/her new room	
	10. Introduce the patient to his/her new roommate if there is one	
	11. Make the patient comfortable in his/her new room	
	12. Arrange the unit	
	13. Report to the nurse manager or team leader	
2.4 Explain correct procedure for discharging a patient.	E. Discharging policy - elements	
	1. Physiological	
	2. Psychological	
	3. Socio-cultural	
	4. Spiritual	

Unit 2: Providing Basic Nursing Care in Acute Care Setting
Page 4
Overview: This unit provides the additional (above what is in approved 75 hour course) knowledge and skills the nurse aide needs to function in acute care setting; including admission, transfer, discharge, isolation techniques and dietary adaptations.

OBJECTIVE	CONTENT	METHOD
	F. Discharging the patient 1. Assemble your equipment a. Wheelchair b. Discharge slip c. Cart 2. Wash your hands 3. Identify the patient by checking his/her identification bracelet 4. Collect all the patient's personal possessions for him/her. Help him/her to pack everything that belongs to them 5. Be sure all valuables and medications are returned to him/her 6. Help the patient get dressed, if necessary 7. Make sure the patient has his/her written instructions from the nurse manager such as: a. Doctor's orders to follow at home b. Prescriptions c. Follow-up schedule of appointments with the doctor or the clinic 8. Bring the wheelchair to the patient's bedside. Help the patient get into it. 9. Before wheeling the patient off the floor, get the discharge slip from the nurse manager or ward clerk. 10. Take the patient in the wheelchair to the discharge desk or cashier or business office. 11. Wheel the patient to the front door. Help him/her out of the wheelchair and into his/her car or bus. 12. Take the wheelchair and the release form back to your floor.	Demonstration Skills Checklist # 3 Example of hospital's discharge procedure

Unit 2: Providing Basic Nursing Care in Acute Care Setting
Page 5
Overview: This unit provides the additional (above what is in approved 75 hour course) knowledge and skills the nurse aide needs to function in acute care setting; including admission, transfer, discharge, isolation techniques and dietary adaptations.

OBJECTIVE	CONTENT	METHOD
	13. Report to your nurse manager or team leader that the patient has been discharged. Report the time of discharge, the type of transportation used and who it was that accompanied the patient. Also report your observations of anything unusual. 14. Wipe the entire wheelchair with an antiseptic solution. 15. Strip the linen from the bed. Put it in the dirt linen hamper. 16. Wash your hands. G. Discharge checklist 1. Diet 2. Home care 3. Patient/demonstration of treatments 4. Medications 5. Home health care	
2.5 Safely use isolation techniques when required. 2.5.1 List purposes of isolation.	II. Isolation Precautions A. Purposes of isolation as a means of infection control 1. Minimize the spread of infection 2. Protect self and others 3. Protect patient from others	
2.5.2 Discuss the basic types of isolation.	B. Basic types of isolation 1. Strict Isolation a. Protects persons outside the isolation unit from contact with pathogens 1) Staff 2) Other patients 3) Visitors b. Contamination is prevented from spreading from the room c. Common illness requiring strict isolation	

Unit 2: Providing Basic Nursing Care in Acute Care Setting
Page 6
Overview: This unit provides the additional (above what is in approved 75 hour course) knowledge and skills the nurse aide needs to function in acute care setting; including admission, transfer, discharge, isolation techniques and dietary adaptations.

OBJECTIVE	CONTENT	METHOD
	1) Chicken Pox 2) Diptheria 3) Small Pox	
2.5.3 List specifications of strict isolation.	d. Specifications for Strict Isolation 1) MASKS are indicated for ALL persons entering the room 2) GOWNS are indicated for all persons entering the room 3) GLOVES are indicated for all persons entering the room 4) HANDS MUST BE WASHED AFTER TOUCHING THE PATIENT OR POTENTIALLY CONTAMINATED ARTICLES AND BEFORE TAKING CARE OF ANOTHER 5) Private room is indicated 6) ARTICLES CONTAMINATED with infective material should be discarded or bagged and labelled before being sent for decontamination and reprocessing	Film Infection Control Control - Protective Isolation
2.5.4 List specifications of respiratory isolation	3. Respiratory Isolation a. Prevents spread of microorganism thorough air b. Common illness requiring respiratory isolation 1) Measles 2) Mumps 3) Whooping Cough c. Specifications for respiratory isolation 1) MASKS are indicated for those who come close to the patient 2) GOWNS are indicated if soiling the uniform is likely 3) GLOVES are indicated for touching infective material 4) HANDS MUST BE WASHED AFTER TOUCHING THE	

Unit 2: Providing Basic Nursing Care in Acute Care Setting
Page 7
Overview: This unit provides the additional (above what is in approved 75 hour course) knowledge and skills the nurse aide needs to function in acute care setting; including admission, transfer, discharge, isolation techniques and dietary adaptations.

OBJECTIVE	CONTENT	METHOD
	PATIENT OR POTENTIALLY CONTAMINATED ARTICLES AND BEFORE TAKING CARE OF ANOTHER PATIENT 5) ARTICLES contaminated with infective material should be discarded or bagged or bagged before being sent for decontamination and reprocessing	Examples of signs used used on isolation doors
2.5.5 List the specifications for tuberculosis isolation	4. Tuberculosis Isolation (AFB)	
2.5.6 List the precautions for enteric isolation	5. Enteric Isolation a. Prevents infections that are transmitted by direct or indirect contact with fecal materials b. Oral ingestion of the pathogens usually occurs from contaminated hands c. Specifications for enteric precautions 1) MASKS NOT indicated 2) GOWNS indicated if soiling likely 3) GLOVES are indicated for touching infective material 4) HANDS MUST BE WASHED AFTER TOUCHING THE PATIENT OR POTENTIALLY CONTAMINATED ARTICLES BEFORE TAKING CARE OF ANOTHER PATIENT necessary for articles contaminated with urine and feces. Articles must be disinfected or discarded.	
2.5.7 List the precautions for drainage/secretion precautions	6. Drainage/secretion precautions a. Prevents spread of pathogens found in infective purulent materials, drainage or secretions b. Pathogens are spread by direct contact with wound c. Infection also spread by objects in con-	Film: Wound, Skin and Enteric Precautions

Overview: This unit provides the additional (above what is in approved 75 hour course) knowledge and skills the nurse aide needs to function in acute care setting; including admission, transfer, discharge, isolation techniques and dietary adaptations.

OBJECTIVE	CONTENT	METHOD
	in contact with wound drainage d. Common conditions requiring drainage/ secretion precautions 1) Burn infection 2) Conjuntivitis 3) Skin infection 4) Wound infection e. Specifications for drainage/secretion isolation 1) MASKS NOT indicated 2) GOWNS indicated if soiling of uniform likely 3) GLOVES are indicated if touching affected material likely 4) HANDS ARE WASHED BEFORE TOUCHING ANOTHER PATIENT OR POTENTIALLY CONTAMINATED ARTICLES	Concept Media: Infection Control, Respiratory and Strict Isolation
2.5.8 List the precautions for blood and body fluids	7. Blood/body fluid precautions a. Prevents infections being spread by direct contact with infective blood or body fluids b. Patients requiring these precautions 1) AIDS 2) Hepatities B, Non - A, Non -B 3) Syphilis c. Specifications for blood/body fluid Precautions 1) MASKS NOT required 2) GOWNS indicated if soiling possible 3) GLOVES are worn when touching blood or body fluids 4) Hands washed immediately if contaminated with blood or body fluids and before caring for another patient 5) Articles contaminated with blood or body fluids should be discarded or bagged and	Lecture/discussion

Overview: This unit provides the additional (above what is in approved 75 hour course) knowledge and skills the nurse aide needs to function in acute care setting; including admission, transfer, discharge, isolation techniques and dietary adaptations.

OBJECTIVE	CONTENT	METHOD
	labelled before sent for decontamination and processing 6) Care should be taken to avoid needle stick injuries 7) Blood spills should be cleaned up promptly with solution of 5.25% sodium hypochlorite diluted with 1:10 with	
2.5.9 Briefly discuss protective isolation	8. Protective Isolation a. Prevents infectious organism from entering isolation unit b. Protects patient from secondary infection c. Common illness requiring protective precautions 1) Leukemia 2) Extensive noninfected burns for certain patients d. Precautions include 1) Hands are washed on entering and and leaving room 2) GOWNS worn by all entering the room 3) MASKS worn by all entering the room 4) Gloves are worn by those having direct contact with patient	
	C. Methods for using masks/gowns/gloves 1. Face Masks	
2.5.10 Identify when face masks should be worn for isolation techniques.	a. Wear when patient's communicable can be spread by respiratory tract b. All personnel must wear	Examples of face masks
	2. Before applying a face mask, wash your hands 3. Face masks are effective against spreading disease a. For 20-30 minutes only b. If they are not wet c. If they are used only once, then	

Unit 2: Providing Basic Nursing Care in Acute Care Setting
Page 10
Overview: This unit provides the additional (above what is in approved 75 hour course) knowledge and skills the nurse aide needs to function in acute care setting; including admission, transfer, discharge, isolation techniques and dietary adaptations.

OBJECTIVE	CONTENT	METHOD
	discarded	
2.5.11 Describe the procedure for putting on and removing a mask.	4. Techniques for wearing mask a. Assemble your equipment, disposable paper mask b. Wash your hands c. Remove a clean mask from its container d. Hold the mask firmly, avoiding unnecessary handling. Do not touch the part of the mask that will cover your face. Hold the mask by the strings only. e. Place the mask over your nose and mouth. Tie the top strings over your ears first. Then tie the lower strings. f. Be sure the mask covers your nose and mouth during your task or procedure with the patient. g. When you are ready to take off the mask, wash your hands. h. Untie the bottom ties first to avoid contamination. Hold the mask by the strings or loops only. i. Untie the top strings. Remove the mask from your face. Discard it in the paper container inside the patient's room. j. Wash your hands.	Lecture/Discussion Demonstration Skills Checklist # 4 Equipment needed: Masks
2.5.12 Identify reasons for wearing isolation gowns.	D. Isolation gowns 1. You will usually wear an isolation gown when caring for a patient in isolation. 2. The gown will protect your clothing from being contaminated. 3. There are three types of isolation gowns. a. Cotton twill - reusable after washing. b. Paper disposable gown. c. Plastic disposable gown. 4. To be effective, the isolation gown must	Examples of isolation gowns

Unit 2: Providing Basic Nursing Care in Acute Care Setting
Page 11
Overview: This unit provides the additional (above what is in approved 75 hour course) knowledge and skills the nurse aide needs to function in acute care setting; including admission, transfer, discharge, isolation techniques and dietary adaptations.

OBJECTIVE	CONTENT	METHOD
	cover your uniform completely. 5. Put a clean gown on before entering isolation room. 6. Remove dirty gown before leaving isolation room. 7. A special technique is used in putting gown on, and in removing the gown. This must be followed specifically to protect yourself and other patients.	
2.5.13 Demonstrate procedure for putting on isolation gown.	E. Procedure for applying 1. With clean hands, roll long sleeves of uniform above the elbows 2. Unfold the gown so that opening is at the back 3. Put your arms in the sleeves 4. Fit the gown at the neck, making sure the uniform is covered 5. Reach behind and tie the neck band with a simple shoelace bow 6. Grasp edges of gown and pull to back 7. Overlap edge of gown, roll gown edges together in back	Skills checklist Demonstrate/return demonstration
2.5.14 Describe the procedure for removing an isolation gown.	F. Procedure for removing 1. Untie waist tapes and loosen the gown 2. Use a paper towel to turn on the faucet Don't touch the faucet with your fingers 3. Throw paper towel into the wastepaper basket 4. Wash your hands and dry them with a paper towel 5. Again, with a dry paper towel, turn off the faucet 6. Open the neck band of the gown 7. Place your fingers under one cuff to pull	Skills checklist

Overview: This unit provides the additional (above what is in approved 75 hour course) knowledge and skills the nurse aide needs to function in acute care setting; including admission, transfer, discharge, isolation techniques and dietary adaptations.

OBJECTIVE	CONTENT	METHOD
	the sleeve over your hand 8. Pull your arm out of the sleeve by grasping the opposite sleeve with your gown covered hand 9. Roll the gown in half with the contaminated part inside 10. If the gown is washable, put it in the dirty linen hamper inside the patient's room. If the gown is disposable, place it in the trash container inside the patient's room. 11. Wash your hands. 12. Use a paper towel to open the door to leave the room. Put the towel in the wastepaper basket inside the patient's room as you leave.	
2.5.15 Demonstrate procedure for donning and removing non sterile gloves	G. Donning and removing non sterile gloves 1. When to wear a. In isolation when required b. Whenever dealing with body secretions 2. Procedure for donning a. General principles 1) Powdered gloves go on easier 2) Gloves only need to be sterile for designated sterile procedures b. Procedure for donning 1. Grasp right glove by left cuff area - touching inside of glove 2. Keep fingers straight while pulling glove on 3. Pull on left glove by grasping edge with right gloved hand	

Unit 2: Providing Basic Nursing Care in Acute Care Setting
Page 13
Overview: This unit provides the additional (above what is in approved 75 hour course) knowledge and skills the nurse aide needs to function in acute care setting; including admission, transfer, discharge, isolation techniques and dietary adaptations.

OBJECTIVE	CONTENT	METHOD
	c. Procedure for removing contaminated gloves 1. Gloves will be removed before gown if wearing one 2. Principle - donot touch contaminated part of glove with hands 3. Remove right glove by using left hand pull cuff to remove glove 4. Dispose of glove in designated container 5. Place fingers of right hand under cuff of left glove 6. Pull glove down over and off hand 7. Dispose of glove in designated area	
2.5.16 Discuss the reasons and the procedure of bagging equipment and articles	H. Bagging Technique 1. Select the appropriate bag - some biodegradable etc. 2. Bags differ regarding designated use from the isolation unit. 3. One person fully dressed in isolation garments is in the room. All materials to be removed are placed in bags in the isolation room. Another person outside the room holds another bag and has it opened enough that the contaminated gowned person can drop the contaminated bag into the clean bag without touching the outside or the person holding the clean bag. 3. Clean bag is then sealed and marked. 4. Bagging for disposal done in many types of isolation situations.	Demonstration Skills checklist
2.5.17 Discuss the personal care of the patient in isolation.	I. Personal care of patient in isolation 1. The patient in isolation needs all of the personal care a regular patient requires	Role play Lecture/discussion

Unit 2: Providing Basic Nursing Care in Acute Care Setting
Page 14
Overview: This unit provides the additional (above what is in approved 75 hour course) knowledge and skills the nurse aide needs to function in acute care setting; including admission, transfer, discharge, isolation techniques and dietary adaptations.

OBJECTIVE	CONTENT	METHOD
	a. Baths b. Oral hygiene c. Emotional support d. Mental stimulation e. Companionship f. Nutrition and fluids 2. Sometimes staff does not like taking care of people in isolation. The isolated person can tell this and feels bad concerning his/her illness. Always remember to show consideration for the patient. If you have any fears regarding the isolation unit, discuss these with your immediate supervisor. 3. Older people and children usually find isolation an upsetting circumstance. They enjoy eating and talking with others and need extra attention if they are placed in isolation.	
2.6 Encourage the patient to follow diet requirements.	III. Special diets A. Purpose 1. When a patient can not swallow normally, liquid feedings are instilled into the stomach by a NG (nasal-gastric) tube	Lecture/discussion
2.6.1 Recognize the basic parts of food necessary for health.	B. Nutrients 1. Chemical substances from food 2. Carbohydrates a. Provide energy b. Grains, potatoes, sugars, milk 3. Proteins a. Build and renew body tissues b. Eggs, milk, meat 4. Fats a. Energy, maintain tissues b. Oil, butter, meat	Lecture/discussion

Unit 2: Providing Basic Nursing Care in Acute Care Setting
Page 15
Overview: This unit provides the additional (above what is in approved 75 hour course) knowledge and skills the nurse aide needs to function in acute care setting; including admission, transfer, discharge, isolation techniques and dietary adaptations.

OBJECTIVE	CONTENT	METHOD
	b. Final post-op c. Cholesterol 5. Minerals a. Calcium - milk products - build bones, teeth b. Iron - helps body carry oxygen. Meat (liver), spinach c. Potassium - electrolyte maintains fluid balance - tomatoes, oranges, bananas 6. Vitamins a. Fat soluble - stored in body. ADEK b. Water soluble - B's 7. Water - regulates processes 8. Calories a. Measurement - purpose b. Requirements c. Modifications in diet	
2.6.2 Review the basic four and recognize patient needs.	C. Basic four 1. Meat and fish 2. Fruits and vegetables 3. Breads, cereal 4. Dairy products	
2.6.3 Describe the various types of diets and list common purposes.	D. Types of special diets and reasons patients receive them 1. Normal or regular 2. Clear liquid a. Immediate post-op b. Severely ill c. Nauseated 3. Full liquid a. Unable to chew b. Progressive after surgery 4. Light or soft diet b. Patient has trouble chewing and/or	

Unit 2: Providing Basic Nursing Care in Acute Care Setting
Page 16
Overview: This unit provides the additional (above what is in approved 75 hour course) knowledge and skills the nurse aide needs to function in acute care setting; including admission, transfer, discharge, isolation techniques and dietary adaptations.

OBJECTIVE	CONTENT	METHOD
	swallowing 5. Bland a. Avoid irritation of G.I. system, e.g. chili 6. Low residue a. Omits foods difficult to digest 7. High calorie a. Malnourished, underdeveloped b. Usually high in protein, minerals and vitamins 8. Low calorie 9. High protein 10. Low fat 11. Low cholesterol 12. Low salt - low sodium 13. Supplements	
2.6.3 Recognize the situations that can affect the patient's appetite.	E. Appetites 1. Pain 2. Activity decrease 3. Emotional 4. Nausea 5. Smells 6. Cultural influences	Lecture/discussion
2.6.4 Review methods for assisting patient to eat.	F. Procedure for setting up patient's tray 1. Passing trays 2. Check diet 3. Assist as needed G. Review procedure for feeding a patient H. Report/recording of patient dietary intake	Role play
2.6.5 Explain the purpose for giving intravenous fluids. 2.6.6 List and explain five rules to follow when IV's are running.	I. Intravenous therapy 1. Purpose - to give fluids and nourishment to the body 2. Rules to follow a. If the needle has been inserted in the tenderness at the site (place) where	Lecture/discussion Demonstration

Unit 2: Providing Basic Nursing Care in Acute Care Setting
Page 17
Overview: This unit provides the additional (above what is in approved 75 hour course) knowledge and skills the nurse aide needs to function in acute care setting; including admission, transfer, discharge, isolation techniques and dietary adaptations.

OBJECTIVE	CONTENT	METHOD

she may move
b. Make sure patient is never lying on top of tubing
c. To remove a patient's gown - with straight I.U.
   1) Untie the gown
   2) Remove the arm without the IV from the sleeve
   3) Carefully remove the gown from the arm with the IV, considering the tube and the container as part of the arm. Move the sleeve down the arm, over the tubing and up to the bottle.
d. To put clean gown on, reverse procedure.
e. Watch for the following:
   1) When you can't see drops of solution passing from the bottle into the tubing but there is still some solution in the bottle.
   2) When the plastic drip chamber is completely filled with the solution.
   3) When you see blood in the tubing at the needle end.
   4) When all the solution has run out of the bottle or the bottle is almost empty.
   5) When the patient has deliberately or accidently removed the needle.
   6) When the tubing has been disconnected and is saturating the bed while the patient is bleeding freely from the connector.
   7) When the patient complains of pain or the needle is inserted.
   8) When you notice a lumpy, raised or

Overview: This unit provides the additional (above what is in approved 75 hour course) knowledge and skills the nurse aide needs to function in acute care setting; including admission, transfer, discharge, isolation techniques and dietary adaptations.

OBJECTIVE	CONTENT	METHOD
	inflamed area on the patient's skin near the place where the needle is inserted.	
2.6.7 Discuss nurse aides role in tube feedings	J. Tube Feedings 1. Purpose - nasogastric a. For patients who cannot eat normally b. Consists of specialized formulas that can be given through a tube c. May be given by pump or gravity d. Feedings always done by licensed nurse 2. Nurse Aide Role a. Report to nurse if not dripping - if by gravity b. Report to nurse if patient begins to gag or vomit c. Never pull on tube when moving patient d. Remember to fasten connecting tube to patient's gown if not in use 3. Other tubes used for nourishment a. Gastrogavage - location/purpose b. Jejunostomy Tube - location/purpose c. Nurse Aides role	Lecture/Discussion

Unit 3: Caring for Patients on Special Units

Overview: This unit describes the nursing care adaptations required to care for patients with special problems or assigned to a special unit.

Approx. teaching time 4 hours

OBJECTIVE	CONTENT	METHOD
3.0 Care for patients on special units.	I. Pre/Post-operative care	
3.1 Provide basic pre-operative and post-operative care.	A. Terms 1. Pre-operative - before an operation or surgery 2. Post-operative - after surgery	
3.1.1 Discuss general reasons a person may be having surgery and persons who assist.	B. Introduction to surgery 1. Reasons to have surgery a. Exploratory b. Cure diseases c. Slow down progress of diseases d. Elective 2. Special medical personnel connected with surgery a. Surgeon b. Anesthesiologist c. Scrubbing and circulation d. Recovery room personnel	
3.1.2 Recognize six situations which might upset a pre-operative patient.	C. Situations 1. Concern for family 2. Being away from work 3. Time away from work 4. A possible disability because of the operation 5. The possibility of death or serious complications 6. Fear of the unknown	Lecture/discussion
3.1.3 Describe the five things that should be done before surgery	D. Pre-OP checklist 1. Prior to surgery - a. Identify patient by checking identification band b. Skin prep done and checked c. Food restrictions, if any	Lecture/discussion

Unit 3: Caring for Patients on Special Units
Page 2
Overview: This unit describes the nursing care adaptations required to care for patients with special problems or assigned to a special unit.

OBJECTIVE	CONTENT	METHOD
	d. Nothing by mouth after midnight sign on patient's bed. (NPO) Nils per os - sign at head or foot of bed e. Enema given, if ordered	
3.1.4 Describe checks that should be made just prior to going to O.R.	2. Prior to O.R. a. Bath and oral hygiene b. False teeth and removable bridges removed c. Jewelry and pierced earrings removed d. Hair piece, wig, hairpins removed e. Lipstick, make-up and false eyelashes removed f. Sanitary belt removed g. Nail polish removed h. Eyeglasses and contact lenses removed i. Prosthesis (artificial hearing aid, eye, leg, arm and so forth) removed j. All clothing removed except clean hospital gown k. Patient allergic or sensitive to drugs l. Urinary drainage bag emptied m. Siderails in up position n. Vital signs taken and recorded o. Height and weight recorded p. Time patient leaves for OR q. Any pertinent observations about the patient	Lecture/discussion Example of OR checklist
3.1.5 Describe a prep and explain what it is. 3.1.6 Define terms related to surgery.	E. Prep - to make the skin as free from hair and as clean as possible F. Anesthesia 1. Special medication that causes loss of feeling in all or part of the body	Lecture/discussion Examples of different

Unit 3: Caring for Patients on Special Units
Page 3
Overview: This unit describes the nursing care adaptations required to care for patients with special problems or assigned to a special unit.

OBJECTIVE	CONTENT	METHOD
3.1.7 Discuss three types of anesthesia and effects on patients.	2. Types a. General anesthesia - causes a loss of sensation in the whole body b. Local anesthesia - causes numbness or loss of feelings in only part of the body c. Spinal anesthetic - causes loss of feeling in a large area of the body, usually from the umbilicus down to and including the legs and feet d. Epidural	
3.1.8 Differentiate between anesthetist and anesthesiologist.	3. Anesthesiologist - the doctor who administers the anesthetic to the patient in the operating room 4. Anesthetist - the registered nurse who administers the anesthetic to the patient in the operating room	Lecture/discussion
3.1.9 Describe symptoms if observed post-operatively should be reported immediately.	G. Symptoms 1. Choking 2. Pulse a. Fast (above 100) b. Slow (below 60) c. Irregular pulse beat 3. Respirations: rapid (above 30), labored 4. Skin, lips, fingernails: very pale or turning blue (cyanosis) 5. Thirst: Patient asks for water often 6. Unusual or extreme restlessness 7. Moaning or complaining of pain 8. Sudden bright red bleeding	Lecture/discussion
3.1.10 Discuss causes and nursing care for a patient who is vomiting post-operatively.	H. Vomiting 1. Turn the patient's head to one side to prevent vomitus from being drawn back into the lungs (aspiration) 2. Wipe off the patient's mouth and chin	Lecture/discussion

Overview: This unit describes the nursing care adaptations required to care for patients with special problems or assigned to a special unit.

OBJECTIVE	CONTENT	METHOD
	3. If the patient is conscious, rinse out mouth with cold water. Caution: patient is not to swallow water	
3.1.11 Explain why careful conversation should be used around a post-operative patient.	I. Conversation 1. A patient may appear to be unconscious, but not really be... He/she may be able to hear you 2. Say only those things you would want the patient to hear if he/she were fully conscious	Lecture/discussion
3.1.12 Explain what should be done with the patient's first voiding post-operatively.	J. Voiding 1. Check first voiding after surgery for: a. Odor and color b. Amount c. Record on output side of I & O sheet 2. If a urinary catheter is present, be sure it is unclamped and draining. Observe color and amount 3. If outpatient must void prior to discharge	Lecture/discussion
3.1.13 Describe what to do for a patient returning from surgery.	K. Returning from surgery 1. Help to move patient from the stretcher to the bed 2. Be sure the patient is covered with blankets to keep him/her warm 3. Be sure the bedside rails are raised after the patient is in bed	Lecture/discussion
3.1.14 Discuss complications of surgery.	L. Complications 1. Chest a. The anesthetic may irritate the patient's respiratory passages (mouth, nose, trachea, lungs) and cause the secretions in these passages to increase. This might raise the chance of an infec-	Lecture/discussion

Overview: This unit describes the nursing care adaptations required to care for patients with special problems or assigned to a special unit.

OBJECTIVE	CONTENT	METHOD
	tion in the lungs or other parts of the respiratory system. b. Smoking tends to irritate the whole respiratory system. Smoking may increase the secretion of mucus, which also could raise the chance of an infection. c. After surgery many patients are so sore they can't breathe deeply. They can't cough up the increased amount of mucus material being secreted in the lungs. This could cause a respiratory infection, such as pneumonia. d. A patient might vomit while he/she is still unconscious after surgery. The vomitus might be aspirated, that is drawn back into the lungs. This could very quickly cause an infection or even the patient's death. Saliva might also be drawn into the throat and block the air passages, which could cause an infection. e. Unconsciousness and inactivity during anesthesia allow mucus to accumulate in the patient's respiratory passages.	
3.1.15 Explain the purpose of deep breathing exercises.	2. Deep breathing exercises a. Expand the lungs by increasing lung movement and assist in bringing up lung secretions b. Will help prevent post-operative pneumonia	Lecture/discussion
3.1.16 Describe the procedure for deep breathing exercises.	3. Procedure for deep breathing a. Assemble your equipment 1) Pillow 2) Specimen container, if a specimen is ordered 3) Tissue	Demonstration Skills Checklist # 5 Role play Procedure checklist Equipment needed: Pillow

Unit 3: Caring for Patients on Special Units
Page 6
Overview: This unit describes the nursing care adaptations required to care for patients with special problems or assigned to a special unit.

OBJECTIVE	CONTENT	METHOD
	b. Report to the medication nurse that you are ready to start deep breathing exercises. If he/she wishes to give the patient medications to relieve the patient of any discomfort or pain, he/she will do so at this time. c. Wash your hands. d. Identify the patient by checking the identification bracelet. e. Ask visitors to step out of the room. f. Tell the patient that you are going to help him/her with deep breathing exercises. g. Pull the curtains around the bed for privacy. h. Offer the patient a bedpan or urinal. i. Dangle the patient, if allowed. If not, place the patient is as much of a sitting position as possible. j. Place the pillow on the patient's abdomen for support. k. Ask him/her to deep breathe ten times. l. Count the respirations out loud to the patient as he/she inhales and exhales. If the patient can't breathe deeply, ask him/her to cough. Coughing is just another way of breathing deeply. m. Ask the patient to feel his/her chest as they breathe to encourage deeper breathing. n. Tell the patient to cough up all loose secretions into the tissues, if a specimen if not necessary or into a specimen container if a specimen is needed. o. Return the patient to a comfortable and safe position in bed.	Specimen container Tissues Emesis basin

Unit 3: Caring for Patients on Special Units
Page 7
Overview: This unit describes the nursing care adaptations required to care for patients with special problems or assigned to a special unit.

OBJECTIVE	CONTENT	METHOD
	p. If a specimen has been collected, label it and attach a laboratory requisition slip q. Dispose of the tissues r. Replace the pillows under the patient's head s. Wash your hands t. Report to your nurse manager or team leader 1) That you helped with the deep breathing exercises 2) Time during which you helped him/her 3) Number of exercises 4) Your observations of anything unusual	
3.1.17 Describe purposes for turning the patient post-operatively.	M. Turning the patient 1. How often - every two hours unless you are instructed not to 2. Purpose a. Help him/her rest better b. Protect the skin c. Promote healing d. Helps prevent pneumonia	Lecture/discussion
3.1.18 Describe materials/equipment used post-op	N. Binders and elastic bandages 1. Definition	Lecture/discussion
3.1.19 Explain by giving three reasons why supports are used post-op.	2. Purposes a. Give support to a weakened body part b. Hold dressings and bandage in place c. Put pressure on parts of the body to make the patient more comfortable d. Unless the binder is put on properly, it can be more uncomfortable for the patient then if it had not been used at all	Lecture/discussion

Unit 3: Caring for Patients on Special Units
Page 8
Overview: This unit describes the nursing care adaptations required to care for patients with special problems or assigned to a special unit.

OBJECTIVE	CONTENT	METHOD
3.1.20 List three rules to follow when patient has a binder.	3. Rules to follow a. Keep the binder smooth and clean b. Watch for reddened area c. Use correct type of binder	Lecture/discussion
3.1.21 Explain five reasons for elastic stockings and ace bandages.	O. Elastic stockings and ace bandages 1. Purpose a. Applied to body extremities (arms, hands, legs and feet) b. Used either as treatment for thrombo-phlebitis (blood clots of the leg) or as a prevention against that condition c. Compresses veins and therefore improves the return of venous blood to the heart d. Improve circulation e. In cases of sprain or strain at the joint, they are used to provide support and comfort	Lecture/discussion
3.1.22 List two types of anti-emboli stockings	2. Types of Anti-emboli stockings 1) Knee-length 2) Full-length 3) P.A.S.	Lecture/discussion
3.1.23 Describe the nurse aides role in caring for patient with apparatus for removal of fluids	P. Gastric Suction 1. Purpose - removal fluids 2. Method - gravity or suction 3. Types a. T-Tubes b. Low-Intermittent c. Hemovac d. Chest tubes e. Airway suction f. Jackson-Pratt 4. Nurse Aide role -Observation a. Report any leakage b. Never empty collecting containers without direction from nurse	Lecture/discussion

Unit 3: Caring for Patients on Special Units
Page 9
Overview: This unit describes the nursing care adaptations required to care for patients with special problems or assigned to a special unit.

OBJECTIVE	CONTENT	METHOD
	c. Never raise the collection bottle d. Never disconnect tubing e. Never remove clamp kept at bedside f. Observe fluid in container - if stops increasing report to nurse g. If asked to empty container -observe for color, texture, and measure amt. Record on intake-output sheet h. Report to nurse if there is a change in color/amt. etc of drainage	
3.2 Recognize how care may change because of patient's age and condition	II. Adapt Patient Care to meet developmental needs A. Review Developmental tasks 1. Needs of persons in various stages 2. Communications and interpersonal relations B. Caring for obstetrical patient 1. Definition 2. Departments within obstetrics a. Labor and delivery b. Newborn nursery c. Post partum 3. Types of deliveries a. Normal b. Cesarean c. Forceps 4. Infection control in O.B. units a. Reasons b. How hospital control	Lecture/Discussion
3.2.1 Adapt patient care for the pediatrics patient.	B. The pediatric patient 1. Communication 2. Importance of family to patient 3. Classifications of pediatrics a. Newborn b. Infants c. Toddlers	

Unit 3: Caring for Patients on Special Units
Page 10
Overview: This unit describes the nursing care adaptations required to care for patients with special problems or assigned to a special unit.

OBJECTIVE	CONTENT	METHOD
	d. Preschool e. School-age f. Teenagers 4. Special precautions in pediatrics a. Fluid intake b. Diet differences c. Added safety precautions 1) Side rails - Bubble tops 2) Toys 3) Croupette - Cool mist tent d. Adaptive equipment for child's needs e. Helping child deal with feelings regarding hospitalization 1) Fear - separation - loneliness 2) Pain 3) Irritability f. Activity - play needs	

Unit 4: Emergency Situations and CPR.

Overview: The nurse aide will provide basic emergency care.

Approx. teaching time 8-10 hours

OBJECTIVE	CONTENT	METHOD
4.0 Recognize emergency situations and describe the nurse aide's role in an emergency.	I. Emergency situations A. Introduction 1. Definition of an emergency 2. Principles of emergency care a. Remain calm and quick in informing other health team members (emergency call signal may be used) b. Never leave patient alone c. Use only necessary first aid procedures while waiting for help d. Follow instructions of nurse or physician calmly and quickly	Lecture/discussion
4.1 Discuss listed emergency situations and describe appropriate first aid measures. 4.2 Identify signs of severe bleeding and first aid treatment.	B. Severe bleeding 1. Causes may be internal or external 2. Signs of severe bleeding 3. First aid for severe bleeding 4. Emergency control of bleeding a. Direct pressure b. Elevation of part c. Pressure points d. Get help b. Application of cold water c. Get help	Demonstration
4.3 Identify first aid procedures for a person with a seizure.	C. Seizures 1. Description of a seizure 2. Emergency care a. Protect patient from injury b. Position on side if possible c. Stay with the patient and get help	

Unit 4: Emergency Situations and CPR.
Page 2
Overview: The nurse aide will provide basic emergency care.

OBJECTIVE	CONTENT	METHOD
4.4 Describe first aid for the person who faints.	D. Fainting 1. Description of fainting 2. Protect the person from falling and injury 3. Help patient to lying position or with head between knees 4. Check patient's pulse and respirations 5. Get help	Lecture/discussion
4.5 Describe shock and procedure for providing first aid in shock situations.	E. Shock 1. Causes of shock 2. Symptoms of shock a. Pale, cool skin b. Weak, rapid pulse c. Low blood pressure 3. Preventing and giving first aid in shock a. Patient should be lying down b. Cover to keep from losing body heat c. Get help	
4.6 Demonstrate proficiency in emergency CPR by becoming Red Cross or AHA certified.	II. CPR A. Introduction to CPR 1. Description of cardiac arrest 2. Causes of cardiac arrest 3. Result of cardiac arrest a. Clinical death b. Biological death 4. Goals of emergency CPR a. Prevent irreversible brain damage--must be initiated immediately b. By applying pressure on heart from outside the body, blood is circulated c. By breathing air into lungs, the blood continues to receive oxygen	Approved first aid instructor or approved certified basic life support instructor who will follow approved curriculum
4.7 Describe rescue breathing and identify purposes.	B. Rescue breathing 1. First determine if patient isn't breathing and if there is a pulse 2. Checking for pulse and breathing	Lecture/discussion First aid or BLS procedure Demonstration/return

Unit 4: Emergency Situations and CPR.
Page 3
Overview: The nurse aide will provide basic emergency care.

OBJECTIVE	CONTENT	METHOD
	3. Positioning of patient	demonstration
	4. Opening airway	
	5. Procedure for rescue breathing	
4.8 Describe emergency cardiac compression and identify procedure.	C. Cardiac compression	First aid or BLS procedure for one man/two man rescue
	1. First determine need	
	2. Rescue breathing always done with it	
	3. Procedure	Demonstration/return demonstration
	4. Precautions	

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HOSPITAL NURSE AIDE

Skills Checklist #1
Admitting a Patient

Equipment: Admission checklist, specimen bottle for urine, hospital gown and robe, clothing list, valuables envelop, scale for ht. and wt., admission packet, bedpan, basin emesis basin, water pitcher, thermometer, other items required for specialty area.

Name_____
Passed_____ Needs more practice_____

____1. Assembled equipment

____2. Fanfolded bed linens to foot of bed

____3. Placed hospital gown at foot of bed

____4. Placed supplies in bedside stand

____5. Introduces self when patient arrives

____6. Escorts patient to room - introduces to roommates if any

____7. Provides privacy during admission procedure

____8. Assists patient to change into pajamas or hospital gown

____9. Weighs and measures patient - records wt. and ht.

___10. Assists patient unpack - put toilet articles away etc.

___11. Completes admission checklist

___12. If patient is allowed get drinking water

___13. Orients patient to surroundings

___14. Explains hospital policies/procedures

___15. Put to bed and adjust bed

___16. Take checklist to nurse manager and report

Comments:

Instructor's Signature_____Date_____

HOSPITAL NURSE AIDE

Skills Checklist # 2
Transferring a Patient

Equipment: Patient's possessions, wheelchair or stretcher if needed,

Name_____
Passed_____ Needs More Practice_____

____1. Assemble equipment

____2. Wash hands

____3. Check with nurse to make sure patient knows they are being transferred - then explain to patient what you will be doing

____4. Check to be sure new unit is ready for transfer

____5. Identify patient by checking wrist band

____6. If there are visitors ask them to wait outside

____7. Collect patient's personnel belongings and move with patient

____8. Transport patient with belongings to new unit - wheelchair - stretcher what ever is appropriate.

____9. Introduce patient to new roommates if appropriate

___10. Make patient comfortable

___11. Help unpack patients possessions if needed

___12. Report to nurse manager that transfer is completed and any pertinent information

Comments:

Instructor's Signature_____ Date_____

HOSPITAL NURSE AIDE

Skills Checklist #3
Discharging a Patient

Equipment: Wheelchair, discharge slip, cart if needed

Name_____
Passed_____ Did not Pass_____

____1. Wash hands

____2. Identify the patient by checking I.D.

____3. Collect patient's belongings - help them pack

____4. Be sure all valuables and medications are returned to patient

____5. Assist patient in getting dressed

____6. Make sure patient has written instructions from nurse manager:
Doctor's orders
Prescriptions
Follow-up appointment

____7. Bring wheelchair to patient's bedside. Help patient into wheelchair.

____8. Before wheeling patient off floor, get discharge slip

____9. Take patient to discharge desk or cashier or business office

___10. Wheel patient to exit where meeting transportation. Help patient from wheelchair into vehicle

___11. Return wheelchair and release form to floor

___12. Report to nurse manager that patient has been discharged Report the time, type of transportation used, and who accompanied the patient. Also report any pertinent observations

___13. Wipe the wheelchair with antiseptic

___14. Strip the linen from bed and put in dirty linen

___15. Wash hands

Comments:

Instructor's Signature_____ Date_____

HOSPITAL NURSE AIDE

Skills Checklist # 4
Isolation Technique

Equipment: Mask, gown, gloves

Name_____
Passed_____ Needs More Practice_____

Mask Techniques

____1. Wash hands

____2. Remove clean mask from container

____3. Hold firmly, avoid necessary handling. Do not touch part the will cover face. Hold by strings only.

____4. Place mask over nose and mouth. Tie top strings over ears first. Then tie lower strings

____5. Be sure mask completely covers nose and mouth during total time.

____6. Remove mask just prior to leaving room after removing gown, if gown required. Wash hands before removing mask.

____7. Untie the bottom ties first to avoid contamination. Hold mask by string loops only, discard mask in the paper con-

____8. Wash hands.

Isolation Gowns

Donning

____9. With clean hands, roll long sleeves of uniform above elbow

___10. Unfold gown so opening is at the back

___11. Put arms in sleeves

___12. Fit gown at neck making sure uniform covered. Reach around and tie neck band with shoelace tie

___13. Grasp edges of gown and pull to back

___14. Overlap edge of gown, roll gown edges together in back and tie.

Taking off Gown

___15. Untie waist tapes and loosen gown

___16. Use a paper towel to turn on faucet - throw towel in wastebasket

___17. Wash hand and dry with paper towel - use towel to turn off faucet

___18. Open neck band of gown - place fingers under one cuff to pull sleeve over hand.

___19 Pull arm out of sleeve by grasping the opposite sleeve with your gown covered hand.

___20. Roll the gown in half with contaminated part inside

___21. If washable put in dirty linen inside room - if disposable put in trash inside patient's room.

___22. Wash hands. Use a paper towel to leave room. Put paper towel in trash inside patient's room

Putting on Nonsterile Glove - May be put on inside or outside room

---23. Wash hands

___24. Remove from container/wrapper

___25. Grasp the cuff of the left glove with right hand and pull glove on (Powdered gloves go on easier)

___26. Pick up right glove with left-gloved hand and put it on Adjust fingers of both gloves with gloved hands

Removing Gloves

___27. With left hand pull right glove off with cuff - donot touch your hand with contaminated glove - dispose of glove in designated container

___28. Place fingers of right hand inside cuff of left glove. Pull glove off hand. Discard in designated container

---29. Wash hands

Comments:

Instructor's Signature_____Date_____

HOSPITAL NURSE AIDE

Skills Checklist #4
Assisting Patient with Deep Breathing Exercises

Equipment: Pillow, Container for sputum, Tissue

Name_____
Passed_____ did not Pas_____

____1. Report to nurse you are about ready to do deep breathing exercises - nurse may need to give medication prior

____2. Wash hands

____3. Check identification of patient - explain what you will be doing and how patient can assist

____4. Provide privacy - if visitors ask to wait in hall

____5. Offer bedpan prior to beginning procedure

____6. If allowed sit patient on edge of bed - if not sit in as upright position as possible

____7. Place pillow on patient's abdomen for support - have patient hug pillow

____8. Ask patient to take ten deep breaths - count respirations out loud as patient inhales/exhales - if cannot breathe deeply ask patient to cough

____9. Provide sputum cup or tissue for patient to cough up secretions.

___10. Return patient to comfortable position.

___11. Wash hands and report to nurse manager

Comments:

Instructor's Signature_____Date_____